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SHORT LITERATURE NOTICES

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Harris, J.: 2007, *Enhancing Evolution: The Ethical Case for Making Better People*. Princeton: Princeton University Press. 260 pages. ISBN 978-06911128443. Price: € 26.99.

John Harris' new book "Enhancing Evolution" is provoking and thought-provoking since it makes an "ethical case for making better people" (intended as an ethical, not a policy proposal). It is provoking since it deals with two hotly debated ethical problems: the question of enhancing human beings and the moral status of the human embryo, and it deals with these problems in a clear language attacking a lot of deeply rooted moral intuitions surrounding human nature or the value of the given. Harris' claims must be provocative since he claims that enhancing persons is a moral duty because enhancing a life of a person (or the person itself—Harris does not make a clear distinction here) means making that life better for that person herself. And it is a moral duty, at least prima facie, to enable persons to lead better lives. Although Harris does not discuss his own meta-ethical stance in detail, it is obvious that he does not accept deontological arguments as sound moral arguments. Thus he attacks philosophers like Michael Sandel or Jürgen Habermas criticising their arguments as inconclusive or unclear and not universally accessible (the reader must get the impression that in this book only the meta-ethical stance of Harris is accepted as universally acceptable).

As a liberal, Harris accepts that other persons (among them prominent philosophers like George Annas, John Finnis or Leon Kass, to mention a few) will reject enhancement for themselves, but refuses to accept that these thinkers want to prescribe what other persons should be allowed to do on the basis of rationally not justifiable premises. Relying on human nature is, according to Harris, no plausible basis for making enhancement unethical. On the one hand, evolution is a process wherein each stage of development is contingent and subject to random change. On the other hand evolution's results can, if enhancement is possible at all, be enhanced. Since making persons' lives a better life for them is a moral duty, enhancing evolution is ethically mandatory and the evolutionary given human nature is of no intrinsic value. Moreover, since evolution itself will not shrink from overcoming obstacles, then preserving human nature cannot be morally mandatory.

For sure, some of the arguments in this book are not elaborated carefully enough. For example, Harris rejects potentiality-based arguments presupposing a notion of potentiality which would make this notion useless for science, too (cf. pp. 97 and 166 ff.). If I am right in assuming that biology cannot do without a notion of potentiality, this result is unwelcome and I cannot see how Harris can avoid this without weakening his objections against using the notion of potentiality in biomedical ethics. But Harris' plea for enhancement is not only provoking. It is really thought-provoking since it demonstrates how deep the philosophical issues are and that we have to address them if we want to make explicit all the metaphysical, meta-ethical and ethical premises all participants in the debate rely on. But without such philosophical reflection a serious and fruitful discussion will not be possible. It is among the merits of this extraordinarily well written book to make this visible.

Michael Quante
Cologne, Germany

Daniels, N.: 2008, *Just Health: Meeting Health Needs Fairly*. New York: Cambridge University Press. 398 pages. ISBN 978-0521699983. Price: $30.

This new volume by Norman Daniels, Professor of Ethics and Population Health at the renowned Harvard School of Public Health, is a continuation of his book *Just Health Care*, published more than twenty years ago. To the original, and eminently theoretical attempt to say why health care is of special moral importance because of its connection to protecting opportunities for individuals, Daniels now adds a broader vision which includes the concrete social factors that may affect population health and its distribution (e.g. education, income, effective political participation, etc.).

In the first part of the book, the author develops a comprehensive theory of justice for health, starting with what he calls the "Fundamental Question": *"What do we owe each other to promote and protect health in a population and to assist people when they are ill or disabled?"* From this basic question follow three key questions: What is the special moral importance of health? When are health inequalities unjust? How can we meet health needs fairly when we cannot meet them all? Daniels argues that Rawls's principles of justice as fairness capture the central social determinants of health: conforming to them would flatten social gradients of health as much as we can reasonably expect.

The second part of the volume discusses some of the new challenges facing national and global health policies: How to meet health needs fairly in ageing societies? Is it possible to protect health in the workplace while respecting individual liberty? How to harmonize medical professionalism with the traditional duty of care that doctors owe to their patients?

The third part of the book includes chapters on the practical ways to promote a fair health care system; the applicability of the "accountability for reasonableness model" (which aims to guide fair priority setting in health policy) to the specific situation of developing countries, with particular regard to two issues: fairness in patient selection for AIDS treatments, and the 2003 health insurance reform in Mexico; the complex challenge of reducing health disparities within domestic societies; the crucial role of the human rights framework for responding to public health challenges. The concluding chapter discusses the need to overcome international health inequalities as a matter of global justice. Trying to respond to one of the crucial questions put at the beginning of the book, Daniels affirms that "domestic health inequalities are unjust when they arise from an unjust distribution of the socially controllable factors that determine population health and its distribution" (p. 354). Similarly, at the international level, there is a need to "explain the substance of international obligations for the various kinds of cooperative schemes, international agencies, and international rule-making bodies in order to specifiy when the internationally socially controllable factors affecting health care are justly distributed and regulated" (ibid.).

The author himself recognizes that his account of just health remains a work in progress. In spite of this inconclusiveness, there is no dobut that Daniels' work is one of the most complete attempts to date to provide an integrated theory for promoting health and distributing it fairly. In sum, this book makes compelling reading for anyone concerned about the need to address the growing demands for global justice regarding health care.

Roberto Andorno
Zurich, Switzerland

Fleischhauer, K., Hermerén, G.: 2006, *Goals of Medicine in the Course of History and Today: A Study in the History and Philosophy of Medicine*. Stockholm: Kungl. Vitterhets Historie och Antikvitets Akademien. 480 pages. ISBN 91-7402-353-5. Price: £107.

This book, written by a medical doctor (Fleishhauer) and a philosopher (Hermerén) aims to describe the historical changes in the goals of medicine and the philosophical consequences of such changes (p. 405). It consists of two parts. The first and biggest part (306 pp) is about the history and development of medical goals along the history of Western Medicine. After a very short historical introduction, it provides an extensive description of the developments in the last 150 years. It includes excellent chapters about the emergence, flourishing and final decline of eugenics, about the history of medical research, cosmetic surgery, abortion, contraception and medical genetics. This historical part of the book serves as raw material, which is used in the shorter second part to investigate whether the goals of medicine have remained the same (the essentialist thesis.)

Although the first part of the book is historical and the second is philosophical, these aspects mutually permeate each other. In this way we get a philosophically informed history of goals in the first part and a historically rich philosophical analysis in the second. This is the greatest advantage of the book in comparison with a purely historical or philosophical account. The bioethicist reader feels that (s)he gets informed answers just for the questions (s)he is interested in, without uninteresting and arid historical details.

The authors conclude that while the basic ends and fundamental goals of medicine (the intrinsic goals of medicine) have been quite constant in history, the

operational goals used to reach these intrinsic goals have changed considerably (p. 341). This picture however gets more complicated if we consider that the criteria of health and the goals of health care systems have changed as well. Thus even if the intrinsic goals of medicine were interpreted differently, we cannot simply argue that they have remained constant (p. 341).

In short, this is a book worth reading. It serves as a good starting point for those who wish to understand how ethical problems emerged in medicine, how they were conceptualized in different times and what is the state of affairs now in analyzing these issues.

József Kovács
Budapest, Hungary

Lenk, C., Hoppe, N., Andorno, R. (eds.): 2007, *Ethics and Law of Intellectual Property: Current Problems in Politics, Science and Technology*. Ashgate: Aldershot. 300 pages. ISBN 978-0-7546-2698-5. Price: € 95.99.

Lenk, Hoppe and Andorno's *Ethics and Law of Intellectual Property* is an ambitious effort in support of a nigh impossible task for a work of such modest length, namely that of examining the law and ethics of intellectual property, and the interplay of intellectual property law, ethics and politics in science/research and innovation, and the understanding and practice of the same by the relevant stakeholders.

The work begins with the oft overlooked but essential observation that intellectual property is not a natural right necessary for human wellbeing, but rather a political and legal construct erected by the state as a mechanism to achieve such rights (p. 1). Thereafter, it goes from strength to strength with an excellent, interdisciplinary lineup of thoughtful contributors who collectively provide a detailed and multi-faceted examination of the concept of property and its utilisation by various stakeholders, the emphasis being on its existing and potential relationship with human wellbeing, and, more specifically, its interaction with knowledge generation and dissemination, innovation and research, and human rights and needs.

The book contains fourteen intellectually stimulating, and imminently readable Chapters organised into three Parts, though I am not completely convinced by the choice of these Parts or the distribution of Chapters within them, as the topics bleed so freely into one another, often across sectional boundaries. In any event, the Chapters are well conceived and researched. Those which intrigued the most were the broader and more conceptual ones such as Smith's (Ch. 3) and Sterckx's (Ch. 8) assessments of intellectual property, access to medicines and the right to health, Taubman's (Ch. 5) reinterpretation of the TRIPS Agreement, and Kuhlen's (Ch. 11) assessment of the nature of knowledge in the information society. A unifying thread throughout these and the other Chapters is the exploration of the different natures of knowledge and its essential character in modern societies, whether developed or developing, and the need to come to grips with how best to (legally) treat knowledge so as to better the human condition.

On the whole, the book identifies a plethora of challenges and offers some suggestions with respect to the means for considering those challenges and tackling intellectual property issues as they emerge in future. Unfortunately, the book ends somewhat abruptly, and would have benefited from a brief conclusion to draw the diverse topics and ideas together. That weakness aside, it was a pleasure to read.

Shawn H.E. Harmon
Edinburgh, UK

Engelhardt, H. T. Jr. (ed.): 2006, *Global Bioethics: The Collapse of Consensus*. Salem, MA: M & M Scrivener Press. 416 pages. ISBN 978-0976404132. Price: $39.

This book has great ambitions. Its purpose is to denounce the definitive failure of the attempts to develop a global secular bioethics by means of rational-discursive reflection. The volume gathers together twelve articles written by eminent scholars from various countries. Most of them appeal to more or less subtle references to religion, embrace moral diversity and are sceptical about universal ethics. They are held together by an aversion against what the authors perceive as Enlightenment, Rationality and Liberalism. Such a line of confrontation could be stimulating in bioethics, as it has been, in political and science philosophy, since the late 18th century with Albert Schweitzer's cultural philosophy.

However, closer scrutiny reveals overwhelming flaws, biased analysis and partisan world views. The book starts with what is in my opinion a serious conceptual mistake. "Consensus" is not on the agenda of ethics, nor would it make sense to try to include it in the ethical realm. Consensus is the result of political strategy that might be driven, among other factors, by moral or ethical interests, but is contingent and accidental. This fault is not just due to sloppy language, but to a confusion of political, religious, moral and ethical categories.

As the editor laments the "repeated failure to derive a universal set of standards for bioethics" citing examples of bad health policy and antagonistic moral schools (p. 35), he shows his misunderstanding of bioethics as a policy making effort. When the book discusses self-determination (p. 275), or Hans Küng's project of a "World Ethos" (p. 273), and the notion of "equal access to health care" as epitomes of

liberalism (p. 276), it reveals surprisingly limited scholarship. The ethical sense of autonomy, as self-legislation according to the law of freedom, often contradicts the social political interests of self-determination, Küng's project is, if anything, a moral plea, and just health care an invention from Bismarck's monarchistic public-health system. Whereas it makes sense to distinguish utilitarian and de-ontological rationales as ethics schools, the invoked difference between liberalism and communitarianism is mainly within the realm of political agenda making. Flaws like this, dressed in refined language, make up substantial portions of this book.

However, some contributions offer interesting views. Bayertz's proposed governance framework of "thin procedural norms" (p. 232) could serve as a valid starting point, but it is not developed further. In an interesting analysis, Tao argues that, politically, "communality of form of life underlies all possibility of agreement" (p. 176), but still maintains, ethically, that her theory of context-sensitive "particularism" can support "reason holism" and admits the "possibility of invariant reasons" (p. 175). This can be perfectly integrated within a thin procedural universal ethics. One has to wonder what could be the philosophical basis upon which she then turns to expressly reject universalism! In the second contribution from a Hong Kong author, Fan takes up Bayertz's proposal and suggests a "thin (Confucian) principle of ren" (p. 289) as a "thin principle of love" that requires a "necessary sense of love as a norm for human relations" (p. 296). Thus, the formal-procedural ethical principle is trumped by a choice of material morality. Love is all we need, but certainly not a principle.

This book is, with a few exceptions, entertaining as a political polemic, but largely irrelevant for global bioethics. Most chapters display a disturbing lack of theoretical self-reflection and synthesizing ethical vision. They have neither grasp for the constitutive form of discourse, nor a discernable interest in justice, and indicate no future for global ethics. Those who care to read the relevant international documents on bioethics or the fundamental traditions of philosophical ethics know that we do have indeed a sufficiently solid moral common ground.

Ole Doering
Hamburg, Germany

Sharp L. A.: 2006, *Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self*. Berkeley: University of California Press. 307 pages. ISBN 978-0520247864. Price: $25.95.

Sharp's book draws upon many years of ethnographic investigation in the field of deceased organ donation and transplantation in the USA. She coins the phrase 'organ transfer' as a unifying idiom for donation, retrieval and transplantation; the interwoven threads of the donation story. Sharp rethinks the taken for granted in organ transfer and exposes to scrutiny issues considered too mundane or taboo to be discussed openly. Using rich interview extracts, documentary material and her own experiences Sharp produces a vivid account of the organ transfer culture in the USA.

The book comprises four extended essays as chapters. The first addresses controversies and tensions that lie at the heart of the scarcity of organs, the deaths of organ donors, and the 'value' placed upon their bodies. Donor families appear to perceive organs as cherished fragments of the person they knew that are life giving sources. Alternatively the dead body is perceived as a repository for coveted, reusable parts of immense therapeutic value to the health system and waiting recipients. The second chapter debates the difficult issue of appropriately memorializing organ donors, and the potential controversies endured by organ recipients. The public face the recipient is expected to sustain is one of gratitude and good health. Whilst the private face may eclipse any advantages of the transplant through a far harsher reality impacted by unemployment, medication cost and disrupted family relationships. Yet the expectation is that recipients remain compliant, should another lifesaving transplant ever become necessary. The third chapter discusses the communication between donor and recipient families and provides insights into the problematic pitfalls and joys of these interesting relationships. The fourth chapter discusses the future of organ transfer in the context of continuing organ shortage. Sharp highlights concerning issues such as the expanding and relaxing of donor criteria, the potential for cross species transplantation, and the issues that this elicits for humans in terms of the slaughter of animals and the fear of acquiring animal characteristics.

Sharp provides an interesting polemic of interest to readers who wish to learn about this troubled socio-medical process in the USA. She points out that this fast moving field is hard to predict but the powerful ethos that drives it is not about to loose momentum, raising an array of socio-ethical concerns. Sharp may have been successful in illuminating the organ transfer story, however, one cannot help questioning if the very title of this moving tome does not provoke unease and controversy by continuing to uphold organ transfer as 'Strange', which could imply an outlandish or bizarre process, and by continuing to use the agricultural metaphor 'Harvest', which she highlights as being offensive, particularly to donor families!

Magi Sque
Southampton, UK

Taylor C., Dell'Oro R. (eds.): *Health and Human Flourishing. Religion, Medicine, and Moral Anthropology*. Washington, DC: Georgetown University Press. 296 pages. ISBN 978-1589010796. Price: € 22.99.

This book is a collection of essays exploring the contribution that theological anthropology can make to biomedical, clinical and research fields, and to policy debates. Theological anthropology is concerned with the value of humankind and human history in relation to God. The authors focus on the Christian faith as the lens through which decisions about bioethics can be made. To this end, they appeal to the Roman Catholic tradition. Theological anthropology is used as the tool to construct an approach to health research and the delivery of public health services.

The book presents provocative arguments that stimulate the reader to consider the place of vulnerability in clinical practice and for the understanding of public health issues. The text is divided into 5 parts. The question about the boundaries of theological anthropology and its relevance for bioethics is addressed by Dell'Oro. Other contributions are those by Desmond on pluralism and truthfulness in the doctor-patient relationship, and by L. Carse, who analyzes the human affliction between the vicissitudes of fortune and the compassion for the limits of control. In the second part, the contributions by Sulmasy, Mohrmann and Holland try to explain why dignity and integrity should be seen as *intrinsic* values of human beings. Part 3 analyzes the concept of vulnerability. Toombs reflects about the meaning of illness. Zaner proposes a meditation on vulnerability and the power for establishing a dialogue and awakening a moral sense. Lysaught is in favour of overcoming the anthropology that dominates medicine and bioethics, which "too often reduces human identity to rationality and autonomy individualistically construed" (p. 159). Part 4, on relationality, examines the dimensions of sexual and social anthropology comparing theological aspects with the cultural and social components of bioethics. The penultimate chapter by Hamel proposes the expansion of moral imaginations so that future health policy choices will not be lamented.

In part 5, Carol Taylor, one of the coeditors of the volume, writes about the importance of calibrating our moral compass: "A Christian theological anthropology views humans as finite creatures of a loving creator, called to be cocreators of this world, and ultimately destined for the full perfection of human life—not in the here and now, but with eternal union with God" (p. 228). This belief is seen as the foundation for all health decisions, whether they are individual treatment choices, the provision of health care, or health research. Sowle Cahill highlights the value of the Catholic social tradition, resulting from *Rerum Novarum* and *Gaudium et Spes* as a rich reservoir for developing a practical theological bioethics.

The final contribution by Pellegrino draws conclusions with anthropological value for bioethics and in defence of human beings, stressing that the reasons of ethics must be based on those of being: "For better of worse, we have the power to alter our biological makeup in still unimagined ways. Without a clearer idea of what man is, we will enter and remain in a dark moral forest without a compass" (p. 267)

In conclusion, this book is an important contribution for public health debates against the moral minimalism that dominates much of conventional bioethics. It calls attention to the intrinsic value of the human condition and of human flourishing, and provides an antidote to the reduction of morality to universal and minimal principles. In this sense this volume is an essential tool for understanding bioethics as "a commitment to the anamnesis of meaning" (p. 2).

Francesco Zini
Rome, Italy

Marx-Stölting L.: 2007, *Pharmakogenetik und Pharmakogentests. Biologische, wissenschaftstheoretische und ethische Aspekte des Umgangs mit genetischer Variation*. Berlin: LIT Verlag. 312 pages. ISBN 978-3825896546. Price: € 29.90.

Pharmacogenetics is an expanding field of research combining pharmacology, genetics and medicine. Lilian Marx-Stölting explores the state of art of this new science, estimates its potentials and evaluates them from an ethical point of view. By publishing this in-depth analysis she counters unrealistic visions, hopes and fears and assists to a serious scientific and public discussion on pharmacogenetics.

The book consists of two main parts: First the author presents the scientific background of genetics, pharmacoanthropology and clinical application of pharmacogenetic tests. She concludes that science has to deal with an enormous complexity by having only statistical evidence for effective therapy. The reduction of human qualities to only genetic parameters is mistaken, since emergent properties are not explicable from the DNA structure and the phenotype is only in rare cases (e.g. monocausal diseases) a necessary consequence of the genotype. The effect of clinical intervention depends furthermore on external factors like compliance, attitudes, and environment. Therefore pharmacogenetics may be only one of many aspects in improving therapeutic intervention.

For the ethical analysis Marx-Stölting uses the principlism of Beauchamp and Childress as a convergence approach to evaluate goals, means, and consequences. In doing so she introduces a fifth principle: the preliminary principle of considering the social consequences of a

particular technological development, which in this case means to comprehend the special social dimension of pharmacogenetics. In the application of her five principles she appears to be a solid analytical ethicist who considers various ethical conflicts exhaustively. By conflicting principles she frequently does not give ultimate reasons for her final choices—a typical weakness of principlism. The principles of beneficence and non-maleficence justify further research in pharmacogenetics. Questionable is only whether these goals are realistic. The evaluation of means is more controversial: recruitment criteria for test subjects, use of genetic information and of biobanks etc. She concludes that all these difficulties need moral deliberation and legal regulation but are not principally against pharmacogenetics. Regarding consequences she warns against genetic discrimination of ethnic groups, as well as against genetic exceptionalism and the use of categories like "race" and "ethnicity" in genetic research, since they are socially formed and not related to genes. Finally she calls the attention to economical necessities of development of pharmacogenetic technology.

Having the public discussion in mind, Marx-Stölting presents issues in a pedagogically reflected structure and language with figures, schemata, useful summaries at the end of each chapter and a glossary. Thus the book is excellently applicable for studying principlistic argumentation in this field, without the need to have special background knowledge in pharmacogenetics.

László Kovács
Tübingen, Germany

McLean, S. (ed.).: 2006, *First Do No Harm, Ethics and Healthcare*. Ashgate: Aldershot. 605 pages. ISBN 978-0754626145. Price £ 65.00.

This volume is a Festschrift dedicated to the medical lawyer Ken Mason, whose scientific work is by now nearly impossible to overlook. Accordingly, also the contributions for this Festschrift—all delivered by leading experts in the field of medical law—cover an enormous range of topics, which to introduce in detail would by far blast the scope of this review.

Just a small amount of chapters explicitly deals with the philosophical fundamentals of medical law (e.g. *Jonathan Montgomery*: The Legitimacy of Medical Law; *Kenneth Boyd*: Medical Ethics: Hippocratic and Democratic Ideals), common trends of regulations in medical law (e.g. *Lawrence O. Gostin*: The International Health Regulations: A New Paradigm for Global Health Governance?), or the increasing standard of regulation in bioethics (*Don Chalmers*: International Medical Research Regulation: From Ethics to Law). Instead, the main part of the collection deals with special questions of individual cases, among which are chapters on bio-banking (*Alastair V. Campbell*: The Ethical Challenges of Biobanks: Safeguarding Altruism and Trust), on artificial reproduction (e.g. *Elaine E. Sutherland*: Is There a Right Not to Procreate?), on questions concerning the (pre-) period of death (e.g. *Loane Skene*: Life-Prolonging Treatment and Patientś Legal Rights), or on cloning (*Roger Brownsword*: Cloning, Zoning and the Harm Principle).

In its conclusion the collection painfully reminds the reader of a central lack of positive-law regulation: Due to its reactive character the law can only constitute standards with a certain delay, which extends proportionally to the speed of progress in the field which has to be regulated. Branches which are, just like modern biomedicine, characterised by an enormous speed of progress, make it very hard to be regulated in an appropriate and durable way. The current debates on legal and political problems are therefore often just "the top of the technological iceberg drifting steadily towards the ship of state" (*Penelope Beem* and *Derek Morgan*: Whaťs Love Got to Do With It? Regulating Reproductive Technologies and Second Hand Emotions, p. 388). The Festschrift at hand on the contrary makes an enormous effort to get the whole picture on the screen.

The only lack can be seen in the fact that, among only few exceptions, the authors are consequently British, Australian or Canadian scientists and that some chapters, despite their promising titles, just give an overview about the current state in the author's country. Of course this fact is mainly due to the jubilee's nationality, but still the description of a topic, which is mainly defined by international "hard" and "soft" law, should show the diversity both of legal cultures and the bioethical discussion in the choice of authors, too. However, this does not influence the brilliant overall impression of this work. Sheila McLean has managed to compose an outraging compendium of recent challenges, which should be missing in none of the medical law libraries.

Tade Spranger
Bonn, Germany

Dessibourg, C.-A., Lambert J.-L.: 2007, *Traitements médicaux et personnes déficientes intellectuelles*. Genève: Editions Médecine et Hygiène. 200 pages. ISBN 978-2-88049-242-7. Price: € 32.

Both authors of this volume deal in their work with persons suffering from mental disorders. Claude-André Dessibourg is a neurologist teaching at the University of Fribourg, Switzerland. Jean-Luc Lambert is a doctor of psychology and professor at the Department of Special Education of the same university.

Their purpose in this book is to build a bridge between two worlds that are often too far from each other. According to the authors, "the evolution in recent decades has restored the mind-body dichotomy which Western thought holds dear. Regarding persons with mental handicaps, everything functions as if the psychopedagogy were on one side and the different medical specialties on the opposite side. Though one cannot speak of confrontation, there is nevertheless indifference between both sides" (p. 16). "A convergence of the so-called hard sciences and human sciences is more than ever necessary (...) What the patient needs the most is a reference person who, while not omniscient, plays an integrative role" (p. 190).

The book is structured in six chapters dealing with different issues relating to the care of persons suffering from mental disorders. The scope of concern is wide: it includes drugs (discussed in detail, comprising about two fifths of the volume), other methods such as surgery (including for epilepsy), nutritional and physical therapies, and psychotherapies. Dessibourg and Lambert propose the key-concept of *triple diagnosis-action*, which offers a synthesis between pedagogical, psychological/psychiatric and physical parameters. They insist on preventive measures, from the pregnancy on, especially as regards the fetal alcoholic syndrome. Chapter VI, "Towards the future", deals with perspectives in terms of genetics and biotechnologies. The authors use the concept of "medical ecology" to refer to the importance of never considering the patient as an 'isolated problem' but always in his/her specific social, cultural and family context.

Several topics, such as informed consent and compliance, are of particular interest from both an ethical-philosophical and a medico-legal points of view. In Switzerland, as well as in other countries, the faculty of asking for, accepting or refusing health care is conceived as a *strictly personal right*. In this respect, the fact of being a minor, or under legal guardianship, or of presenting some intellectual limitations, does not necessarily mean that one cannot give a valid consent. At least, caregivers have the duty to take into account, inasmuch as possible, the opinions expressed by those persons. Dessibourg and Lambert: "A diagnosis of mental retardation does not imply per se that the person cannot give consent to pharmacological therapy (...); informations must be provided at their level of understanding, by a professional able to answer their questions and to adapt the answers". And all this always keeping in mind the rule "Primum non nocere".

They make a strong case for teamwork and note the obstacles to it sometimes posed by medical confidentiality (French: *secret medical*). While respecting the discretion principle, it is important that members of the care team have the information necessary to carry out their tasks in the best way possible. One not rarely observes an inappropriate tendency—maybe more often from physicians - to retain useful information (linked to the fact that information is power...?). In practice, the use of a joint patient file (*dossier commun*) is an integral part of coordinated care.

The status, societally and medically, of behavioral disorders, is a matter of concern. The authors use the term *challenging behaviours (comportements-défis)* to characterize several problems which, they say, used to be seen as a component of deficiency while they are the result of the interactions between people and their environment: "A central question is: should 'challenging behaviors' be considered part of a continuum of mental pathology or, in certain cases, are they independent from the person's mental health? The classical psychiatric framework is inadequate to describe and categorize those conditions" (pp. 90–91).

The authors conclude by saying that "the pill supposed to heal intellectual deficiency shall not exist (...). We are confronted with a thousand polymorphic syndromes. Thousand islands, thousand orphan diseases; too isolated to be of interest for the *conquistadores* in the pharmaceutical industry and the politicians. Nevertheless, related fundamental research is progressing".

Jean F. Martin
Echandens/Lausanne, Switzerland

Wolfslast G., Schmidt, K. (eds.).: 2005, *Suizid und Suizidversuch. Ethische und rechtliche Herausforderung im klinischen Alltag*. Munich: Beck. 258 pages. ISBN 3-406-53989-0. Price: € 24.80.

This volume is a collection of articles discussing the psychological, ethical and legal questions that health professionals have to face when suicide and attempted suicide take place. The book is divided into four sections and starts with a historic overview of the ethical debate on suicide from the ancient times until the 20th century. It is followed by reflections on whether suicide is a free choice or part of an illness, and finishes with a presentation of the suicidal motives of four literary female protagonists, involved in adultery during the 19th century.

The second part illustrates aspects of suicide in the clinical work and treats problems related to different patient groups. It also takes a look at the behaviour and attitudes of health professionals in contact with suicidal patients and illustrates personal and situational conditions leading to a risk of suicidal tendencies for the health professionals themselves. The psychological danger related to suicidal forums on the internet is also presented in this section.

The third section is dedicated to the communication between health care professionals and acute suicidal

persons and to the way relatives are informed. Several legal aspects of clinical work with suicidal patients are addressed by the last part. Issues such as the responsibility of health professionals when suicide occurs are addressed, as well as the liability to punishment for involuntary manslaughter or bodily injury caused by negligence. Moreover, the author presents proposals to minimize the risks for health professionals of getting punished and discusses the suitability of the legal differences between the categories of normal patients and suicidal patients. Other issues presented are the conflict between patient confidentiality and the relatives' right to information, the perspective of forensic medicine, and the legal aspects of suicide forums on the internet.

In this book, ethical questions regarding suicide are not discussed within a philosophical tradition but the text contains important information for health professionals treating and caring for suicidal patients. Although the personal motives for suicidal actions are often explained by psychoanalytic theories, health professionals will find helpful suggestions in their daily work with suicidal patients. The majority of the contributions are supplemented by interesting case studies that illustrate the information and compensate for some passages that mainly consist of extensive summaries about secondary literature. The chapters on the psychological and legal aspects of suicidal forums on the internet are particularly relevant to current trends and practices.

Rachel Neuhaus
Zurich, Switzerland

Sulmasy D. P.: 2006, *The Rebirth of the Clinic: An Introduction to Spirituality in Health Care*. Washington, DC: Georgetown University Press. ISBN 978-1589010956. Price: $26.95.

Spirituality is an essential part of health care professions. From an original and rather provocative perspective, this idea is developed by someone who is a physician, a friar and a New Yorker. The book is divided into three sections. In the first section, the author provides the theoretical foundation of his argument that healthcare is also a *spiritual* discipline. Spirituality, a much broader term than religion, is defined as the characteristics and qualities of one's relationship with the transcendent. Consequently, illness is a spiritual event since it raises questions of a transcendental nature, such as meaning, value and relationships. Moreover, the author states that any theory of medicine that ignores the transcendent will be incomplete. In fact, this is the meaning of the title, the rebirth of healthcare as a spiritual enterprise.

The second part of this book is a reflection of the recent increase of empirical research on spirituality and healing. Sulmasy guides us through the current controversies surrounding this type of research. He criticises some empirical studies which are a consequence of a reductionist and scientificist view of medicine. An example of this are randomised controlled trials designed to "measure" the effects of intercessory prayer at a distance. On the contrary, he proposes a model to guide this research and he gives an agenda with some topics for further research on this issue. Sulmasy states that attention to spiritual needs is not an option but a moral imperative for health professionals. The patients' need for healing is something more than just a cure; health must be understood as wholeness. This is exemplified in the third section where he addresses spirituality at the end of life.

This book allows an independent reading of the chapters since each one of them addresses specific questions related to spirituality and healthcare. In this sense, the book is an introduction of several issues frequently discussed in the field of spirituality and health care. However, an alternative option is to read the book transversally. For instance, it is extremely interesting to see how the author uses the concept of *dignity* throughout the book.

The author states that "medicine needs a scientific basis—but it also needs a soul". This makes the use of literature and personal stories absolutely necessary in order to fully grasp this issue. Thus, the connection drawn between theory and personal experience is yet another factor that makes the book highly valuable for health professionals.

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Friedman Ross L.: 2006, *Children in Medical Research: Access versus Protection (Issues in Biomedical Ethics)*. New York: Oxford University Press. 285 pages. ISBN 978-0199273287. Price: $ 99.00.

Regulations of research with children must strike a difficult balance between protecting vulnerable subjects and allowing important studies to go forward to improve paediatric care. In her book *Children in medical research: Access versus Protection*, the paediatrician and philosopher Lainie Friedman Ross argues that the current U.S. regulations of paediatric research have become increasingly unbalanced. They put too much emphasis on access to

research and too little emphasis on subject protection. Although Ross acknowledges that many paediatric treatments await systematic testing in children, she thinks that enhancing access to the benefits of research is a flawed maxim when it comes to studying child disease. According to Ross, "(...) policies and practices regarding the participation of children must focus primarily on minimizing risks" (p. 31). What follows is a detailed analysis of how the current U.S. regulations fail to minimize research risks and what needs to be done to better protect children participating in research.

Ross' principal suggestion for improving protection is to redefine the threshold of acceptable risk in studies that do not offer a prospect of direct benefit. Her critique of current regulations is twofold. First, Ross rejects the distinction between "minimal risk" research and research that exposes children to a "minor increase over minimal risk", which is allowed only if it involves children with a disorder or condition. Ross argues that this double standard of risk is unjustified because *all* children are vulnerable in the research setting and that therefore, there should be only *one* threshold of acceptable risks in paediatric research. Second, Ross rejects defining this threshold with reference to daily life risks of children. Instead, she endorses Terrence Ackerman's definition of minimal risk that focuses on risks and harms to which it is appropriate to intentionally expose a child for educational purposes in family life situations (p. 82).

Not everyone will be convinced by Ross' arguments. Her justification of the equal vulnerability of *all* children is based on the assumption that healthy children, in particular those with a lower socioeconomic background, might be exploited by their parents or subject to undue influence when paid for research participation. However, payment is a contingent feature of paediatric research (and one that Ross, surprisingly, defends in a later chapter of the book). Moreover, Ross does not systematically defend her (Ackerman's) definition of "minimal risk" against alternative definitions. It remains unclear why participating in research without a prospect of direct benefit is similar to educational rather than charitable activities, or why research participation should be compared to activities in the family context. Requiring that research risks are commensurate with those imposed in family life situations can be both too restrictive, if one assumes that parents should always act in their child's best interest, and too permissive, if one claims that parental authority should be respected unless it is abusive or harmful (as Ross does). Overall, the implications of the Ross' "minimal risk" standard remain vague, and the reader is disappointed not to see it applied in the case studies later in the book.

Nonetheless, Lainie Friedman Ross' *Research with children* spans an impressive range of important ethical issues in paediatric research and provides a multitude of thought-provoking arguments. Despite its exclusive focus on the current U.S. regulations, Ross' competent discussion of the moral authority of parents, the moral significance of a child's dissent and assent, the acceptable limits of risk in paediatric research, and much more, ponders universal ethical issues in studying child disease and development. The book should be read by anyone interested in or involved with research with children.

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Labrusse-Riou C.: 2007, *Écrits de bioéthique. P.U.F, coll*. Paris: Quadrige/Essais. 450 pages. ISBN 9782130561323. Price: € 18.

Law and ethics exist for the sake of persons. Therefore, the specific role of jurists when faced with biomedical developments is to protect the *humanity* of the human person as well as to render social life possible and meaningful. This seems to be the central idea of this nice book by Catherine Labrusse-Riou, emeritus professor of law at the University of Paris I, former member of the French National Ethics Committee, and of the European Group on Ethics in Science and New Technologies (European Commission).

The volume is a collection of essays on bioethics and the interaction between science and law that the author has published between 1983 and 2006. They are structured in three parts. Part I deals with the origins of bioethics as a discipline. Part II covers various contemporary issues, in particular related to the notions of legitimacy and responsibility. Part III explores the future of bioethics and the need to preserve humankind from a misuse of biotechnologies.

Among the topics discussed in the book are : the juridicisation of bioethics (for instance, of biomedical research and of informed consent) and their increasing judicialisation (new forms of parental relationship in assisted procreation, personal identity, privacy, confidentiality, access to information, etc.); issues of civil liability; the promises and risks of life sciences in relation to the principle of the supremacy of the individual; the relationship between science and law; and the debate on posthumanism.

The analysis put forward by C. Labrusse-Riou stresses the "anthropological function" of the law, the inescapable human vulnerability, a great sensitivity towards principles such as dignity and freedom, and an implacable criticism of biological and technological determinism. In short, this book reveals the author's deep conviction that law and

ethics should constantly reinterpret life and humanity, but always in the light of what it means to be a person.

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